

**NORTH CAROLINA COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL  
DISABILITIES AND SUBSTANCE ABUSE SERVICES**

**Advisory Committee Minutes**

**Holiday Inn-North  
2805 Highwoods Boulevard  
Raleigh, N.C. 27604**

Wednesday, October 18, 2006

**Attending:**

**Advisory Committee Members:** Marvin Swartz, MD, Dr. Richard Brunstetter, Laura Coker, Clayton Cone, Dorothy Crawford, Ann Forbes, Judy Lewis, Martha Macon, Emily Moore, Carl Shantzis, Ed.D., CSAPC

**Ex-Officio Committee Members:** Bob Hedrick, Robin Huffman

**Excused:** Mary Kelly

**Division Staff:** Steven Hairston, Denise Baker, Marta T. Hester, Jacqui Harrison, Markita Keaton, Leesa Galloway, Shelia Bazemore, Rebecca Carina, Michelle Edelen, Chris Phillips, Jessica Herrmann, Ann Remington, Andrea Borden

**Others:** John Tote, Holly Riddle, John Crawford, Pheon Beal, Dr. Amy Hewitt, Karen Stallings, Louise G. Fisher, Claire Szaz

**Handouts:**

Mailed Packet:

October 18, 2006 Advisory Committee Meeting Agenda  
NC Division of MH/DD/SAS Workforce Development Work Plan

State and Local CFACs Informational Folder:

Handout on Presentation entitled, "Implications for Local Consumer and Family Advisory Committees" (See Attached)

Local CFAC Summary Report (See Attached)

Communication Bulletin #059 on Session Law 2006-142, House Bill 2077 (See Attached)

State CFAC Membership (See Attached)

State CFAC Representation as of October 5, 2006 (See Attached)

NC Division of MH/DD/SAS Brochure entitled, "Advocacy and Customer Service, People Working Together" (See Attached)

Presentation entitled "Workforce Development Planning for Direct Support Professional" (See Attached)

**Call to Order:**

Chairman Marvin Swartz called the meeting to order at 9:40 a.m.

Dr. Swartz asked the Commission members, Ex-Officio Committee Members, Division Staff and visitors to introduce themselves.

Steve Hairston, Chief, Operations Support Section, NC Division of MH/DD/SAS, made announcements regarding staff changes at the Division. He announced that Vanessa Holman, who provided staff support to the NC Commission on Mental Health, Developmental Disabilities and Substance Abuse Services, left and is now employed in the private sector with the Meade Paper Company. He further advised that the Division is in the process of advertising for an administrative assistant to fill Vanessa's position and introduced Marta Hester, Mental Health Program Administrator, within the Division Affairs Team. Ms. Hester will serve as the person who has responsibility for the day-to-day operations of the Commission and the Advisory Committee. Also introduced was Andrea Borden, who is a temporary employee providing support in Vanessa's absence. Mr. Hairston requested that Advisory Committee members update their contact information to ensure that accurate information is available for each.

Dr. Swartz reviewed the day's agenda and explained that the Advisory Committee is also the Workforce Development Task Force. He announced that Chris Phillips will provide information regarding the Commission's rulemaking authority relative to Consumer and Family Advisory Committees (CFACs) and indicated that other staff of the DMH/DD/SAS will provide assistance with the Advisory Committee's Workforce Development efforts.

#### **Approval of Minutes:**

*Upon motion, second and unanimous vote, the Advisory Committee approved the minutes of the July 12, 2006 Advisory Committee meeting.*

#### **Workforce Development:**

Dr. Swartz asked the committee members and staff to refer to page 18 in their Commission packet for a review of the Plan and Tasks for the four assigned sub-committees on Workforce Development. He told the group that there was a follow-up meeting with the Division leadership in terms of how they should proceed in developing the Workforce Development Work Plan. Mike Moseley, the Division Director, supports the initiative and wants it to be reframed as a joint project of the Commission and the Division. According to Dr. Swartz, there was also discussion regarding the project timeline with Mr. Moseley, with the completion date being October 2007 and the report due in November 2007. The Commission may choose to have a follow-up discussion at a later date regarding whether an interim report or resolution is needed.

Dr. Swartz reviewed the sub-committee assignments for the Workforce Development Plan in detail, including any changes that had been made regarding the chairperson(s) and assigned staff (See Attachments). Other Commission members were then asked to volunteer for a sub-committee. It was determined that the sub-committees will meet in between the regularly scheduled Advisory and Commission meetings.

Before the breakout session for the subcommittees began, Mr. Hairston advised the committee members that he will send out an updated work plan and subcommittee list shortly following the meeting. Mr. Hairston described the role of DMH/DD/SAS staff in

assisting and supporting the efforts of the subcommittees. Information is to be funneled through DMH/DD/SAS staff and Marta Hester will facilitate location of meeting rooms as well as coordinate the inclusion of subcommittee information in the minutes as appropriate. Holly Riddle from the NC Council on Developmental Disabilities asked the Advisory Committee for a calendar of all the subcommittee meeting dates in case she would like to attend. Mr. Hairston promised that a complete calendar of events and meetings would be distributed once it was completed.

Dr. Swartz advised the groups that they will report out about the progress of their work at the full Commission meetings. The individual sub-committees then separated for their breakout sessions. The minutes and group membership for each of the four subcommittees are available under separate attachment.

**The group adjourned for lunch at 12:00 and the meeting resumed at 1:17pm.**

Chris Phillips, Chief, DMH/DD/SAS Advocacy and Customer Service Section, provided an update on the Consumer and Family Advisory Committees (CFACs). The information provided is in Attachment F within the State and Local CFACs Informational Folder. Mr. Phillips introduced Ann Remington, the Consumer Empowerment Team Leader, who conducted the presentation on Session Law 2006-142 Section 5, House Bill 2077, An Amendment of Article 4, Chapter 122 C “Implications for Local Consumer and Family Advisory Committees”.

Clayton Cone questioned whether there is an appeals process for CFAC members dissatisfied with the way a committee is working and if there is a statute to address this issue. Ms. Remington responded that this would be addressed in the relational agreement; the relational agreement could include information regarding how they would like to resolve issues or concerns and specify that it could be done locally.

Laura Coker questioned Subsection C of 122C-170 on CFACs in which it is stated that the CFAC shall review, comment on, and monitor the implementation of the local business plan. Ms. Coker stated that CFACs traditionally undertook this on a quarterly basis and that part of the concern was that at one time they had to turn in comments to the NC Division of MH/DD/SAS by a deadline. The process was designed for advisory input on the progress and implementation of the local business based upon any objections. Ms. Coker commented that it may not be a good idea to let this be something that everybody does differently at each Local Management Entity (LME) and expressed concern that it will not be valued and will not assume a proper place in helping business plans be implemented with better quality as times goes on.

Ms. Remington responded that better development of the committees will help to resolve this issue; however, the committees are young with some individuals not used to participating in this type of setting. Ms. Remington also added that not only will these individuals need to learn to function strategically, but also utilize the statute and the state CFAC as an avenue to help influence the members of the NC General Assembly.

A question was raised regarding whether there would be an annual report from the CFACs to the local LME as it would provide valuable information. Mr. Phillips responded that it is not prescribed in the statute, but it can certainly be contained in the relational agreement with the LME.

Ms. Coker commented regarding the need for a statewide process on how CFACs evaluate the status of LME's business plan implementation. She further stated that if a statewide structure is not formalized, frameworks will continue to be established but there will not be any policy in place that promotes implementation.

Ms. Riddle recommended that the statewide CFACs review local outcome data and issue a statewide report on mental health outcomes. Ms. Riddle further stated that the data will help the state become more focused.

Mr. Phillips informed the group that the first meeting of the State CFACs is scheduled for November 9<sup>th</sup>; the meetings will be held monthly. The first two meetings will be held at the Royster Building located on the Dix Campus and Carmen Hooker Odom, the Secretary of the NC Department of Health and Human Services, will be attending along with Mike Moseley and Leza Wainwright. During the first meeting, the agenda items will consist of selecting officers and adopting bylaws.

Mr. Phillips proceeded to review the handout on *Local CFAC Summary Report* disseminated within the State and Local CFACs Packet. While reviewing the report, he indicated that there will be a significant change in Item 5 on the report regarding the average percentage of positions filled for each disability category.

Dorothy Crawford commented that substance abuse money is restricted. She added that although there is a need for substance abuse services, the money allocated is being unused.

Mr. Phillips stated that substance abuse money is difficult for LME's to spend in relation to other types of disability money. He also added that one of the fears was that substance abuse would be the "go to" for funds to be transferred to other disability categories. Ms. Crawford acknowledged the issue by responding that if the money cannot be used, then it should be reallocated.

Recurrent problems related to the CFACs include: staffing of the LMEs, the role of the LMEs, mergers of the LMEs, and difficulty maintaining the focus of the CFAC.

Following the conclusion of the CFAC presentation, Chairman Swartz acknowledged that while the Commission does not have rulemaking authority over this issue, they did want to be part of the discussion and provided with updates on the State CFAC.

Ms. Riddle introduced Amy Hewitt, MSW, Ph.D., Training and Project Director, University of Minnesota-Research and Training Center on Community Living. Dr. Hewitt received a grant from NC Council on Developmental Disabilities and NC Council

of Community Programs. Dr. Hewitt presented to the group on “Workforce Development Planning for Direct Support Professional”. (See Attachment)

Dr. Hewitt concluded her presentation by recommending that the Advisory Committee invite individuals employed as direct service workers to the committee meetings in an informational and advisory capacity so their realities and solutions can be heard.

Clayton Cone questioned Dr. Hewitt regarding the average length of time Direct Care Workers (DSW) stay at facilities. Dr. Hewitt responded that although she did not have a specific number for NC, that there are two groups: half that are there for three to six months (3 to 6 months) and the other half from two and a half to three years (2 ½ to 3 years).

Ms. Riddle reminded the committee that Dr. Hewitt was under contract for the next 15 – 18 months and that she is available to serve the Advisory Committee, if needed.

Dr. Hewitt was questioned about the solicitation of union activity among Direct Care Workers. She stated that this has been a big barrier for the National Alliance for Direct Support Professionals (NADSP). Providers who are anti-union or who are afraid of unions automatically assume that a professional association for DSP must be about union organizing. According to Dr. Hewitt, NADSP has a statement about union neutrality, along with a policy that the membership list is not sold to anyone.

Pheon Beal, from the NC Department of Health and Human Services, directed a question to Dr. Hewitt regarding the identification of DSPs employers in NC. According to Dr. Hewitt, there was a study done in 1999 which identified 144 different titles for the role of a DSP. Although there is no unification regarding what people in direct support roles are called, findings reveal that they work in the private sector, the public sector, in home (individualized settings), in congregate care settings, and in supportive living, among others.

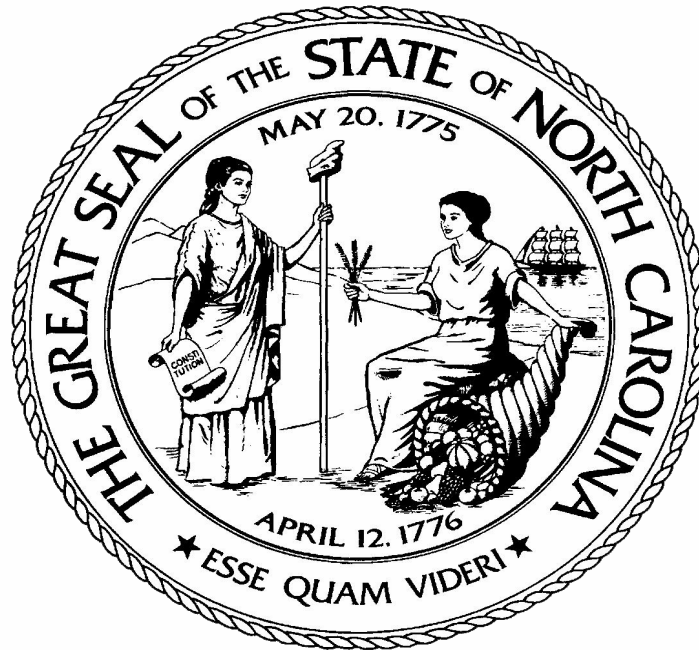
Finally, Dr. Hewitt was asked to paint a picture of Direct Care Workers transitioning out and moving on and where they go afterwards. She told the group that DSPs usually go to other industries and while about a third of them float, about a third of them move up into other human services careers.

Holly Riddle said that she would be more than happy to bring Dr. Hewitt in for big state conferences, best practices, etc., and would arrange to have the presentation put on a compact disk.

Chairman Swartz discussed the accessibility of web conferencing in the future. He also reminded the Advisory Committee members to turn in their travel reimbursement forms.

**There being no further business the meeting adjourned at 3:35pm**

# **Division of Mental Health, Developmental Disabilities and Substance Abuse Services**



## **Workforce Development Work Plan**

# Background

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the North Carolina Commission on Mental Health, Developmental Disabilities and Substance Abuse Services, in conjunction with the North Carolina Developmental Disabilities Council have combined their efforts to undertake a comprehensive look at workforce development as it relates to the provision of mental health, developmental disabilities and substance abuse services.

## Introduction

### Section One: What are the goals of workforce development?

First, the plan should address the goals of the workforce system. That would include, but not be limited to, a philosophical discussion on the purpose of this workforce plan. The plan should set vision, mission, value, and objectives statements. It should also include the importance of quality management in and of the workforce system.

### Section Two: What should the workforce development system look like?

Second, what the system should look like? This identification would be determined through the analysis of labor market information and statistical data and projections on the workforce. This would include, but not be limited to, an analysis of the current workforce, occupational trends and dislocated workers/workers in general. Population trends and projections for the state would also be identified

### Section Three: Who is responsible for what?

Third, the plan should address who is responsible for what? Who are the partners and what are their obligations? That is, what are the obligations of the Division? What are the obligations of providers? What are the obligations of consumers? What are the obligations of LME's concerning the development of the workforce? What strategies need to be developed to recruit, train and retain a workforce that is able to deliver culturally and linguistically competent, evidence based 21<sup>st</sup> century healthcare. How do you initiate, organize and mobilize strategic partnerships?

### Section Four: What are the regulations, rules and policy responsibilities in the workforce system?

Finally, what effects do statutory, rules/regulatory and policy guidelines have on workforce development?

<b>Section of Plan</b>	<b>Task</b>	<b>Responsible Sub-Committee</b>
<b>Section 1: What are the goals of the workforce development</b>	<ol style="list-style-type: none"> <li>1. Provide the purpose of this workforce development plan.</li> <li>2. Outline the vision, mission, value and objectives statements.</li> <li>3. Including the importance of quality management in and of the workforce system.</li> </ol>	<b>Governance</b> Chair: Tom Ryba Co-Chair: Michelle Edelen <b>Division Staff Assigned:</b> Monica T. Jones
<b>Section 2: What should the workforce development system look like?</b>	This identification of the workforce will be determined after and analysis of labor market information and statistical data, including projections on the future workforce. This would include but is not limited to an analysis of the current workforce, occupational trends and dislocated workers. Analysis of overall population trends and projections for the state.	<b>Data and Information</b> Chair: Clayton Cone Co-Chair: Rebecca Carina <b>Division Staff Assigned:</b> Jacqui Harrison
<b>Section 3: Who is responsible for what?</b>	This section would include identification of all the partners in the workforce, both public and private. With a discussion on what their roles and obligations. What are the obligations of the Division, Providers, Consumers, and LMEs? This section would also include a discussion on the strategies that need to be developed to recruit, train and retain a workforce. How to initiate, organize, and mobilize partnerships.	<b>Professional and Direct Support Staff Development</b> Chair: Marvin Swartz Co-Chair Steven Hairston <b>Division Staff Assigned:</b> Leesa Galloway Sheila Bazemore Markita Keaton
<b>Section 4: What are the regulations, rules and policy responsibilities in the workforce system?</b>	The section will discuss the effects of statutes, rules/regulatory and policy guidelines on the workforce.	<b>Ad-hoc coming under the Professional Staff Workforce Development</b> Chair: Dave Richard Co-Chair: Denise Baker <b>Division Staff Assigned:</b> Marta Hester

**Minutes of the Subcommittees  
of the  
Advisory Committee**

# **Data and Information Subcommittee**

## **10-18-06 Minutes**

### **1. Members in Attendance**

- Clayton Cone
- Carl Shantzis
- Rebecca Carina
- Jacqui Harrison

### **2. Overview**

The data and information subgroup met to discuss: “What should the workforce development system look like?” This identification of the workforce will be determined after an analysis of labor market information and statistical data, including projections on the future workforce. This would include but is not limited to an analysis of the current workforce, occupational trends and dislocated workers. Analysis of overall population trends and projections for the state. One of the main purposes of today’s meeting was to determine what we need in order to do this work, how long this work may take, and to set up several future meeting dates.

- Agenda Items

We outlined several goals for obtaining relevant data and supplying other subgroups with needed information. Goals outlined were:

- (1) Obtain a snapshot of the current workforce by disability group.
- (2) Obtain projections about what the future workforce may look like demographically and in terms of socioeconomic status.
- (3) Examine poverty levels and immigration patterns.
- (4) Coordinate with other workforce issues.
- (5) Analyze data.
- (6) Link with other subcommittees so that they can request data from us.
- (7) Obtain data to influence policy and environmental strategies.
- (8) Examine the demand for services (and the projected demand for services) and penetration rates.

### **3. Key Discussion Points**

We discussed the various projections that we may be most interested in, including:

- Demographics (the number of “half-backs,” baby-boomers, socioeconomic status, actuarial projections).
- Economics (kinds of business/industries that will increasingly drive the economic engine in North Carolina such as the film industry, what may happen with the tobacco industry, agriculture, etc.).

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We also discussed the need to condense and define our product. What product are we to produce and for what audience? The following sketch was considered an initial attempt at defining our work:

DATA (with geomaps)			
MH	What is the Current Supply?	What is the Current Demand?	Penetration Rates
DD			
SA			
MH	What is the Future Supply?	What is the Future Demand?	Penetration Rates
DD			
SA			
Economics affecting the MH/DD/SAS System			
Demographics of the MH/DD/SAS System			

- Identify Stakeholders/Agency Partners

We identified key sources of data such as the Division's Quality Management team and the data from the Advocacy and Customer Service section. Also, we will work with the Employment Security Commission's Labor Market Information Division to obtain data. Other sources of data derive from the Census, the NC Atlas, the Bureau of Labor Statistics, the UNC System, Futures for Kids, and NC Careers. Also, we noted that data pertaining to the funding and amount of money available and spent may be worth considering, too.

- Handouts from the meeting:
  - Nelse Grundvig paper on "Occupations Projections Can Aid in Career Decisions and Planning".
  - The Division's Semi-Annual Report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.

#### **4. Recommendations/Conclusions**

- Data shall address all levels of the system, including staff for the Division, state facilities, LMEs, and providers of services.
- One workforce development need is for business acumen. Often, good clinicians without training in business are promoted to management positions and require training in budgeting and business management.
- Data can have the greatest effect in developing policy and environmental strategies.

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- We must address the demand for services now and in the future as a determinant on the size of the needed workforce.
- The workforce for each disability area needs attention as we increase community capacity. For example, the NC Federation for Alcohol and Drug Abuse Services has 20 questions that we need to consider for strengthening that are of the workforce.
- We can use the long range planning model, recently developed for the Division, to determine gaps and capacity needs by county or LME or statewide and project these needs into the future.
- We need to communicate to other subcommittees how they can request data from our subcommittee.

#### **5. Next Steps**

- Location and time of next meeting: Tuesday, November 14<sup>th</sup> at 7 pm

<b>Designated Work group Member</b>	<b>Task Assignment(s)</b>	<b>Completion Date</b>
Jacqui Harrison	Will contact Nelse and invite him to our November meeting in Raleigh. Will also send an electronic version of one of Nelse's papers to the group.	Friday, October 20, 2006
Carl Shantzis	Email to group the 20 data questions from his SA Federation group	Before the November 14 <sup>th</sup> meeting
Jacqui Harrison	Will review Amy Hewitt's college of direct support website and the resources listed in Amy's presentation and summarize these items to the group via email.	Before the end of November.
Rebecca Carina	Will email the minutes and the Division's Semi-Annual report to the group.	Before the November 14 <sup>th</sup> meeting.

- Identify any needed resources to accomplish tasks – research needs, speakers, subject matter experts, etc.

We identified Nelse Grundvig, Supervisor of Labor Market Information at the North Carolina Employment Security Commission as an agency partner who we would invite to speak with us at our next (November, 2006) meeting. The Employment Security Commission's Labor Market Information Division produces reliable measures of current and projected industry and occupational

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employment across the state of North Carolina and for local regions (local Workforce Development Board areas) within the state.

We also were interested in Amy Hewitt's presentation on North Carolina Direct Support Workforce and may invite her to speak with us during one of our meetings, if needed.

- Specify the interim steps before next meeting – conference calls, etc.

We may explore the use of gotomeeting.com for having “virtual” meetings in between the face-to-face meetings we schedule.

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### **Members in Attendance**

- Clayton Cone
- Carl Shantzis
- Rebecca Carina
- Jacqui Harrison
- Michael Schwartz

### **Guest Speaker:**

Nelse Grundvig, Economist and Labor Market and Occupational Researcher from the Labor Market Information Division of the Employment Security Commission

### **Overview**

The data and information work group met for three hours on Wednesday evening with a guest speaker, Nelse Grundvig. A wide variety of topics were discussed:

- How various industries and academic programs are officially classified.
- The state of the North Carolina economy and current workforce.
- Employment and industry projections to 2014 (e.g., the top 20 occupations in 2014) along with the various assumptions underlying the projection process.
- Various generations of workers in the workforce (based on the book, Generations: the History of America's Future 1584 to 2069 by W. Strauss & Neil Howe).
- Cost effective preventative care rather than care after disease develops.
- Which data are most misleading (e.g., does one study wages or income?).
- The educational system and the rapid obsolescence of skills as the years from degree obtainment grow.
- Related professions such as nursing and how nurses have coped with shortages of workers through increased use of paraprofessionals and technicians; this may be key to what needs to be further encouraged with the MH/DD/SA workforce.
- The importance of summer internships as a lead-in to employment opportunities.
- How use of the five factor model of personality may be used to select the right employees.
- Also, with increasing numbers of consumers expected, with continued advances in technology projected, and with higher competition for qualified health professionals in medical, nursing home, and behavioral health care settings, the question was raised whether there will be an adequate supply of these professionals available in the future to provide the same level of services and whether it will be necessary to “grow” more paraprofessionals to augment these professionals similar to what is occurring in the health care field. The importance of management skills in the MH/DD/SA system was discussed as were various models of supervision, management, and consultation. There are various data sets that Nelse may provide to us and various additional people

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and resources upon which we may draw (e.g., the American Community Survey produced by the Census).

### **Agenda Items**

1. To better understand the occupational projections for 2004-2014 and what industries are predicted to be strongest (in particular, with regards to MH/DD/SA careers).
2. To understand more about the MH/DD/SA workforce in North Carolina.
3. To better understand the North Carolina economy.
4. To determine common ways that vacancy rates and turnover rates are calculated.
5. To understand more about the status of dislocated workers/migrant workers in North Carolina.
6. To learn about the various databases that Nelse Grundvig oversees and the data derived from them.
7. To learn about any other databases (outside of the ESC) that may be useful to our purposes.

### **Key Discussion Points**

The US population is projected to be 400 million in 50 years. The North Carolina population is now 8.5 million up from 7.9 million in 2000. By 2014 the projected population in NC will be 9.5 to 10 million. The demographics of the NC population will include more retirees and those that move to NC will be generally wealthier.

How various industries are classified: Nelse explain three different systems of classification of educational programs and industries that our group may find most useful:

- The Standard Occupational Classification system (SOC) classifies all workers into one of over 820 occupations requiring similar job duties, skills, education, or experience.
- The Classification of Instructional Programs (CIP) presents a taxonomy of instructional program classifications and descriptions that can be cross walked with the SOC.
- The O\*NET system serves as the nation's primary source of occupational information, providing comprehensive information on key attributes and characteristics of workers and occupations.

Nelse overviewed the process by which new industries are introduced into the SOC system. He stated that the SOC is updated every five years and the updates are conducted through surveys with employers. A new SOC is expected in two years. Nelse also explained the relationship between the SOC and the CIP (one may first identify an occupation within the SOC and then use the SOC number to find the corresponding CIP code which lists the various educational degrees or programs required for that

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occupation). Nelse talked about how business and industry are the ones that drive the curricula offered (especially) at community colleges. He stated that this process unfolds in conjunction with the Chambers of Commerce, the 24 workforce development boards (WDB) throughout the state of North Carolina, and the Department of Commerce (more about this topic, later).

The state of North Carolina economy and current workforce: Nelse described what he called a “churning” within many industries (such as cashier) in that a particular cashier may have four different cashier positions at four different places-of-work within one year. This “churning” can create the illusion of many job openings. 65 is the retirement age for many industries and there are no incentives to continue working after 30 years.

Adult children are remaining in their parents home and returning to their parents home even after moving out for a while. Part of the reason for this is that low end jobs don’t pay enough for kids to afford to be on their own. Also, they haven’t learned soft job skills to enable them to move away. Furthermore, the need for healthcare drives this prolonged time at home and in higher education. After obtaining degrees, new graduates often make decisions about jobs based on the amount of debt they have. Nelse also talked about how there are fewer and fewer “starter” jobs that help teach people the soft job skills such as how to show up on time and deliver customer service. There is also high turnover in bottom level positions. There is a fear among industries that if they train younger workers then they are essentially training them to leave. Young people need to learn ethics which they are not bringing to the job.

Nelse cited Durkheim, who introduced the concept of *anomie* to describe the condition normlessness, as an apt description of what the workforce today is facing. That is rules on how people ought to behave with each other are breaking down and people don’t know what to expect from one another. This is the stress that workers and managers alike must face and cope with. Life expectancy is increasing. Stress levels among workers are increasing. The role of a manager is more complex and stressful as there are increasingly different generations of workers in the workforce at one time.

North Carolina has an excellent strategic position and diverse geography—coast line, mountains, farmlands, technology centers, and attractive area for immigration. There is movement of the workforce up from the south to North Carolina and down from the north or north-east. We are currently experiencing an evolution in North Carolina in manufacturing. As we are losing jobs and industries in traditional “smokestack” or “heated” manufacturing, we are gaining jobs and industries in types of manufacturing that are “clean” or complex: involving the use of technology and advanced skills. Robotics, specialized welding, tool and dye are all strong parts of North Carolina’s economy. Nelse stated that in North Carolina, the return on investment (ROI) on technological investments is much greater than in states such as North Dakota (where you may drive for an hour without cell reception and a large number of roads are dirt roads). North Carolina is in the center of the nation’s infrastructure; we have the 2<sup>nd</sup> most paved roads in the country. North Carolina also has a relatively young population. Charlotte is

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9<sup>th</sup> in the world in banking. There are also large pockets of artisan shops throughout rural North Carolina that form a strong part of North Carolina's economy.

Nelse then talked about how we are witnessing right now a disappearance of the middle class and uneven access to healthcare. He said that Medicare and Medicaid will not pick up the slack. Nelse stated that Medicare, Medicaid, and social security were never put under the deficit reduction act and he challenged us to examine whether our entitlement programs are truly covered.

Committee members discussed how the MH/DD/SA system is evolving and causing the need for organizations and managers and professionals within those organizations to develop new skill sets. In the past, area programs were both a provider of services and a manager of services responsible for ensuring adequate service capacity within their catchment areas. To accomplish this, they contracted with other service providers. These contractual relationships provided a mechanism for coordinating services and providing oversight. Leadership of the organization was often provided by senior therapists who were promoted into management positions.

With mental health reform, as business models evolve, as area programs divest services and transform into local management entities with new roles (such as endorsing providers and monitoring system performance), and as providers directly enroll with Medicaid and rely less on contractual relationships with LMEs, the need for new business relationships is emerging, and there is an ever increasing need for professionally trained business managers. The traditional career path of moving from therapist to manager may no longer be appropriate. The skill set that makes one an outstanding therapist may not necessarily provide the requisite management skills to make an outstanding manager. There will be an increasing need for professionally trained health care and business managers as well as additional management training for LME staff to ensure they have the right skills to successfully fulfill their new LME functions.

Nelse summarized by stating that the work environment of mental health professionals is more complex and stressful than in other industries. The health care industry is struggling right now with developing skills and retaining skills (certifications, training, maintaining training, etc.). The committee discussed how we don't have many career ladders for our workforce and the salaries of health care workers are a barrier to attracting and retaining good employees. We are hopeful that with the new, peer support specialist that we will see more of a career ladder begin to form but we need to re-assess whether the various jobs within our MH/DD/SA system really require a higher degree (which eliminates a large percentage of the available workforce especially when credentials are added onto the requirements and yet the starting pay remains low) or do they need more on the job (OTJ) training? Nelse challenged the committee to consider why are the degrees we require, required?

Carl pointed out that North Carolina has reciprocal relationships with every branch of the military which is huge because the military retire to North Carolina and then we can focus on capturing their skills within our MH/DD/SA system.

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Projections: Nelse explained the way in which the Labor Market Information division of the ESC makes projections. They use historic data sets for industry and industry-occupation matrices. Nelse said that the first rule of projections is that you're gonna be wrong! He then shared with the group some of the various assumptions that the labor market information division of the ESC uses when making projections:

1. There is slower growth in the labor force.
2. The unemployment rate in 2014 will be 5%.
3. 2.7% annual growth rate in productivity.
4. Large trade deficit (but improving).
5. Iraq isn't going to continue the way it has.
6. Consumer spending on durable goods shall increase.
7. Retirees will buy more second homes.
8. Work patterns (the 40-hour workweek) won't change.

Nelse then shared with the group the not-yet-released 2014 projections for the top 20 occupations in North Carolina. He said that these occupational projections reflect new jobs not replacement. Of the top 20 occupations, 12 are healthcare related (e.g., medical assistants, biomedical engineers, home health aides, physician assistants, personal care aides, psychiatric technicians) as shown below. Other rapidly growing occupations include post-secondary teachers and engineers but knowledge is often obsolete after 2 years of graduation. A major question is who is responsible for keeping employees up to date.

<b>Healthcare Technicians</b>		<b>Health Care Support</b>	
2004	2014	2004	2014
195,000 people	257,000 people	116,000 people	158,000 people

One model to consider is that of RNs who used to be responsible for all patient care and now require more knowledge to provide management, charts, etc. Aides and assistants provide direct patient care and technical work. There is considerable stress related to these changes.

It was speculated that behavioral health care will likely see a move similar to what has been occurring in the medical and nursing professions. Behavioral health care may have to rely more on therapist extenders (e.g. qualified professionals) and paraprofessionals just as physicians are currently relying more on physician extenders (Physician Assistants and Nurse Practitioners) and registered nurses are relying more on nurse extenders (such as LPNs and Medical Assistants) to provide many aspects of the consumer's care. These professional extenders and paraprofessionals would be clinically supervised by Masters and Doctoral level clinicians just as Physicians and Registered Nurses are responsible for clinically supervising PAs, NPs, LPNs and MAs. It suggests that professional level providers' roles may evolve to incorporate these new realities and care oversight and supervision responsibilities. It also suggests that there will be even more competition among the different health and behavioral health care professions for persons who can perform the roles of these extenders and paraprofessionals, and we might see a greater

## **Data and Information Subcommittee**

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degree of lateral movement between some of these career fields, especially among paraprofessionals whose skills and duties may be similar and allow these workers to be more interchangeable. In addition to increased recruiting efforts to attract workers from other related health career fields or from nearby states and other parts of the country where living conditions may be less attractive, there may be a need to "grow" more paraprofessionals to keep up with the demand. One way to do this would be to work with community colleges and universities to develop curriculum and associate degree programs to provide the basic and specialized academic preparation and training that will be initially needed by paraprofessionals to enter the career field and to provide the continuing paraprofessional education they will later need to maintain and to improve their knowledge and skills after they enter the career field.

The implications of these projections are that healthcare industries are going to increasingly demand a lot of employees and the public MH/DD/SA services system may be in competition with other health care agencies to hire and retain employees. Recruiting employees from South Carolina and Virginia may be wise. Another possible implication is that the MH/DD/SA system may focus increasingly on the various ways to use technology to enhance the delivery of services (e.g., the agricultural industry was struggling until it discovered how to use technology to produce large quantities of food). We see the encroachment of technology in the MH/DD/SA industry such as the increase in virtual counseling and telepsychiatry or the focus on the development of nanotechnology or the use of robots that could pass through kidneys and bind to and eliminate cholesterol, for example. Another example of how technology has strengthened an industry is the way technology has helped to decrease human error in medicine. There is greater demand for treatment as senior citizens age and live longer, but who is going to pay for this care. Preventive care may become more important and demanded. There will be a change in access to health care.

Generations of workers (by Strauss & Howe): Near the end of the three hours, Nelse elaborated on the idea that there are cyclical patterns to generations (years vary for each generational time period...usually, 20 or less years characterize a generation but really, it is the way a large group of people handle social conflict that makes that group a "generation"). The following are four generations that by 2014, will all be in the workforce together at the same time and this will be the first time in the post industrial age that we have such a diverse workforce:

#### **Baby Boomers**

These are the idealists and "prophets." Born at a time when society was in high social conflict (unraveling of norms). Baby boomers are cerebral, principled, able to summon and commit human sacrifice, they are righteous, combat was seen by a few, their words and deeds coincide. Baby boomers (although it is often forgotten) were the innovators of computer technology. They are the "us" generation and will be 50 years or older by the year 2014.

#### **Generation – X**

These are the nomads. When Gen-X were children, they were the first children raised by 2-parent incomes. They were the latch-key kids, they tend to have no

## **Data and Information Subcommittee**

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sense of attachment and as adults, they tend to move the furthest from home. They will likely experience mid-life crises but in old age, they may experience a new high. They are cunning, hard to fool, tactical but not strategic, assertive and don't like to deal with conflict in mass (will confront an individual one-on-one). They are the "me" generation and they live in the mainstream of computer technology. They are the first generation to embrace business as a major and they were raised largely by "Reaganomics."

#### **Generation – Y**

Generation – Y gets their name from the question they most ask: Why? Gen-Y feels as if they have been sold a bill of goods; they believe that the sky is the limit in terms of power, money, and success but they never knew that they must wait for their turn. They are knowledgeable and skilled, tech-savvy. They are in their 20's right now. They are civic-minded, vigorous, institution-builders, they like to be busy and competent, they are advocates of technology and show public optimism. They are ridiculously romantic (e.g., "I applied online so of course they have my application!"). They use instant messaging, blackberries and don't know why others don't want them to use these gadgets. They lack problem solving skills and over rely on technology. Negotiating with Gen-Y is difficult. Gen-Y is the first group to say "no" to business (e.g., "I refuse to be on call 24/7." "I demand balanced life and employers must respect my rights.").

#### **Traditionalists**

Born during crisis. They become leaders who advocate fairness. They learned how to use technology. They made negotiation into an art form. They want small projects to renovate the world. Global thinkers.

#### **Identify Stakeholders/Agency Partners**

We identified Tom White at the Department of Employment and Training and Roger Shackleford at the Department of Commerce as possible future contacts.

#### **Handouts from the meeting:**

Most recent draft of Chapter X.  
Data and Information.

### **Recommendations/Conclusions**

Nelse recommended that we contact our local WDB (or local ESC office) and let them know of our need to impact educational curricula. The President of the Community College system serves on the Workforce Development Board of Directors and the Board is always looking for more members. We can also work with the WDBs to create more career ladders within our MH/DD/SA system, help our workers retain credentials, and determine better ways to train our workforce. Carl recommended that we focus on starting out with a small group to influence with our workforce development efforts (get buy-in from a couple major players).

## **Data and Information Subcommittee November 15, 2006 Minutes**

### **Next Steps**

There are specific industries within health care that Nelse can pull out particular occupations from as Excel worksheets for us to analyze. He may also send to us that list of top 20 careers in 2014. We shall share with the other workforce development groups ideas/recommendations generated from this meeting that might pertain to their work. We are going to seek more data from various North Carolina licensing boards in order to plot the numbers of licensed or certified professionals in each NC county.

<b>Designated Work group Member</b>	<b>Task Assignment(s)</b>	<b>Completion Date</b>
Jacqui Harrison	Type minutes, draft thank-you letter to Nelse Grundvig, determine next day/time of our meeting	December 1, 2006
Rebecca Carina	Will email the minutes and thank you letter to Clayton for approval.	December 1, 2006
Clayton Cone	Will mail thank you letter to Nelse Grundvig.	December 8 <sup>th</sup> , 2006
Clayton Cone and Carl Shanzis	Provide feedback on the form drafted for use with other workgroups to request information/data from us.	December 8, 2006

Location and time of next meeting: to be determined. We plan to schedule a teleconference once we outline an agenda and determine a mutually agreeable day/time.

# **Data and Information Subcommittee**

## **December 11, 2006 Minutes**

### **1. Members in Attendance**

- Clayton Cone
- Rebecca Carina
- Michael Schwartz
- Jacqui Harrison

#### Not able to attend:

- Carl Shantzis

### **2. Overview**

A teleconference was held between members of the data and information subcommittee in order to review work completed thus far and consider options for our future work

- Discussion of Data and Information chapter thus far
- Discussion of additional data gathered recently
- Discussion of the future course of our work and coordination with the other Subcommittees
- Decision regarding our next meeting.

### **3. Key Discussion Points**

- All the data we have gathered thus far has been overwhelming. We need to spend some time making sense of it all.
- Michael organized some of the data into a colorful map (data pertaining to distribution of psychologists and psychological associates statewide).
- Use of additional maps (e.g., to map the distribution of other professional groups statewide) was discussed.
- We discussed the manpower shortage (as evidenced by SAMHSA's Health Professional Shortage Areas) and how one of our primary functions may be to highlight the gaps in MH/DD/SA providers. This work may be trickiest with DD professionals since we are not currently aware of any licensing or certification board or other way of getting a comprehensive listing of people approved to perform DD work.
- A concern was voiced that whenever there is a shortage, jobs get carved up so that smaller pieces of easier work are performed by people with less training (who are more available).
- A concern was voiced over how we might compete with other professions (such as teachers who have loan repayment plans provided for them and nurses that receive sign-on bonuses). Would there ever be any way to provide tax incentives for providers that locate in or serve people who live in shortage areas?

## **Data and Information Subcommittee December 11, 2006 Minutes**

Identify Stakeholders/Agency Partners

- We decided to learn more about workforce development boards since these boards may be the crux of workforce development.

Include any handouts and refer to them here in this section of the minutes

- North Carolina Population Growth 2000-2010

#### **4. Recommendations/Conclusions**

- It was recommended that we discuss with the other subcommittees the scope of our work
- We concluded that legislative issues may have a great impact on our work and need further investigation

#### **5. Next Steps**

- Bogart's, January 16<sup>th</sup> 2007 at 7:00 p.m. after we confirm the dates of the next Commission meeting
- Assign individual task assignments

<b>Designated Work group Member</b>	<b>Task Assignment(s)</b>	<b>Completion Date</b>
Rebecca Carina	To check with the Division co-chair of the Ad-hoc Subcommittee on Regulatory Matters regarding legislative issues and their possible impact on our work	January 16 <sup>th</sup> , 2007
Jacqui Harrison	Will get minutes circulated and submitted after approved	January 16 <sup>th</sup> , 2007
Clayton Cone	Will pursue obtaining a listing of the distribution of social workers in NC	January 16 <sup>th</sup> , 2007
Michael Schwartz	Will pursue approval for distribution of other maps created for our workforce development report	December 19 <sup>th</sup> , 2007

- Identify any needed resources to accomplish tasks – research needs, speakers, subject matter experts, etc.

Jacqui will pursue an expert in workforce development boards to speak with us sometime in either January or March, 2007.

## **Data and Information Subcommittee**

### **December 11, 2006 Minutes**

- Specify the interim steps before next meeting – conference calls, etc.
- We shall continue to work on getting databases regarding the distribution of SA, SW, and DD professionals statewide.

# **Governance Subcommittee Minutes**

## **October 18, 2006**

### **1. Members in Attendance**

- Identify all meeting participants and note absent members

John Tote  
Martha Macon  
Laura Coker  
Ann Forbes  
Robin Huffman  
Michelle Edelen  
Tom Ryba (absent)  
Monica Jones (absent)

### **2. Overview**

- Issue(s) or question(s) to be addressed by designated work group (outstanding)

The Governance Committee will look at the mission/value statements in the 2005 State Plan to generate discussion.

- Agenda Items

What research do we need from other committees?

\* Mission/value statements from other states

# **Governance Subcommittee Minutes**

## **October 18, 2006**

### **3. Key Discussion Points**

- Outline important topics
- Identify Stakeholders/Agency Partners
- Include any handouts and refer to them here in this section of the minutes

### **4. Recommendations/Conclusions**

- Identify actions/outcomes of the meeting

Each team member to review preliminary notes from discussion.

## Governance Subcommittee Minutes October 18, 2006

### 5. Next Steps

- Location and time of next meeting  
November 15, 2006. Location – TBD
  
- Assign individual task assignments – who will do what?

Designated Work group Member	Task Assignment(s)	Completion Date
John Tote	Location for meeting	November 6, 2006

- Identify any needed resources to accomplish tasks – research needs, speakers, subject matter experts, etc.
  
  
  
  
  
  
  
  
  
- Specify the interim steps before next meeting – conference calls, etc.

# Governance Subcommittee Minutes

## November 15, 2006

The Governance Sub-Committee met on November 15, 2006 at 4:00 at the Mental Health Association in Raleigh. The following are the minutes from that meeting:

### Members in Attendance

- Identify all meeting participants and note absent members
  - Tom Ryba
  - Michelle Edelen
  - John Tote
  - Martha Macon
  - Laurie Coker
  - Monica Jones
  - Ann Forbes (absent)
  - Robin Huffman (absent)
  - Martha Martinat, (visitor)

### Overview

- Issue(s) or question(s) to be addressed by designated work group (outstanding)  
The Governance Sub-Committee will provide a purpose for the Workforce Development Plan, and outline the vision, mission, value and objective statements.
- Agenda Items  
What research do we need from other committees? N/A

### 1. Key Discussion Points

- Outline important topics  
**Purpose** - A purpose statement describes WHY a group or function exists. The sub-committee members discussed why a workforce development plan exists: (1) a shortage of qualified people, (2) a need for a road map for where we are going, and (3) Reform has transformed the entire system. The following sentence was drafted: "An expanding and privatized workforce has heightened the urgency for the Commission to address our workforce development needs."

**Vision** – A vision statement describes WHAT the group or function wants; their expectations and ambition (a mental picture of the future). The sub-committee discussed what they wanted to see in the future: (1) a happy, productive workforce, (2) an adequately trained workforce, (3) a well compensated workforce, (4) a professional & professionally valued workforce, (5) a stable workforce, (6) an integrated and coordinated workforce.

**Mission** – A mission statement articulates the group or function's essential nature, its values and its works. The following statement was originally developed at the 10/18/06 meeting. The sub-committee revised the statement as follows:

#### ~~Purpose/Vision~~ Mission

*The Workforce Development Plan ~~should include the~~ will be a blueprint for the development and retention of an adequate, qualified, and competent workforce whose preparation results in the improved lives of consumers, stability in workforce numbers, and growth in professional development of staff.*

# Governance Subcommittee Minutes

## November 15, 2006

- Identify Stakeholders/Agency Partners: N/A
- Include any handouts and refer to them here in this section of the minutes  
Definitions of Purpose, Vision, Mission and Objective statements, and examples of Workforce Development Plans from other states were provided at the meeting.

### 2. Recommendations/Conclusions

- Identify actions/outcomes of the meeting  
Each sub-committee member brainstormed and developed a list of key elements for the purpose, mission and vision statements. Tom will provide the sub-committee with draft statements prior to the next meeting.

### 3. Next Steps

- Location and time of next meeting  
Conference Call - December 7, 2006 at 9:00 am  
  
Conference Call – December 19, 2006 at 1:00 pm
- Assign individual task assignments – who will do what?

Designated Work Group Member	Task Assignment(s)	Completion Date
Tom Ryba, Chair	Develop a draft Purpose, Vision and Mission statement for the sub-committee to review and provide input.	By November 29-30, 2006 which would give members one week before the conference call on December 7, 2006 to think about and discuss on the call.

- Identify any needed resources to accomplish tasks – research needs, speakers, subject matter experts, etc. N/A
- Specify the interim steps before next meeting – conference calls, etc.  
Our next meeting will be a **Conference Call on December 7, 2006 at 9:00am.**  
You will receive a telephone call from the State Operator who will connect us together. Therefore, please be available to receive your call no later than 8:55 am.  
**Please verify your telephone number below** (this number will be given to the State Operator in order to connect us together).

Tom Ryba 919-250-7186

Michelle Edelen/Monica Jones 919-715-2780 x233

Ann Forbes 828-253-2501

Laurie Coker 336-765-3265

John Tote 919-981-0740

Robin Huffman 919-859-3370

Martha Macon 704-933-2231

Please contact Monica Jones at 919-715-2780 x239  
if your telephone number is incorrect or needs to be changed.

# **Governance Subcommittee Minutes**

## **December 7, 2006**

The Governance Sub-Committee had a conference call on December 7, 2006 at 9:00 am. The following are the minutes from that conference call:

### **Members in Attendance**

- Identify all meeting participants and note absent members

Tom Ryba

Michelle Edelen

John Tote (absent)

Laurie Coker (absent)

Ann Forbes

Robin Huffman (absent)

Martha Macon

Monica Jones

The sub-committee approved the minutes of the November 15, 2006 meeting with no changes.

### **Overview**

- Issue(s) or question(s) to be addressed by designated work group (outstanding)

The Governance Sub-Committee will provide a purpose for the Workforce Development Plan, and outline the vision, mission, value and objective statements.

- Agenda Items  
What research do we need from other committees? N/A

### **1. Key Discussion Points**

- Outline important topics

Prior to the conference call, Tom and Laurie offered Purpose, Mission and Vision statements for the committee to consider. The proposed statements were reviewed and the committee agreed upon a DRAFT Purpose, Mission and Vision statement (see the attached document for details).

- Identify Stakeholders/Agency Partners: N/A
- Include any handouts and refer to them here in this section of the minutes

Below is a replica of the document used by the committee during the conference call.

# Governance Subcommittee Minutes

## December 7, 2006

Suggested by Tom

Suggested by Laurie

Suggested by Committee

<p><b><u>PURPOSE</u></b> In 2001, the state of North Carolina implemented mental health reform entitled, "A Blueprint for Change." This reform movement has transformed the entire service delivery system. Consequently, a reassessment of the type, numbers, training, qualifications, compensation, expectations, and resources to be integrated throughout the service delivery workforce needs to be completed.</p>	<p><b><u>PURPOSE</u></b> The "Blueprint for Change" initiated in 2001 has resulted in broad changes in North Carolina's mental health, developmental disabilities, and substance abuse workforce at every level. It is time that quality delivery be founded on serious and broad evaluation of our workforce issues, on necessary goal-setting, and on the development and compensation that our care-givers and clinicians truly deserve for the sake of the citizens they serve.</p>	<p><b><u>PURPOSE</u></b> _____ _____ _____ _____ _____ _____</p>
<p><b><u>MISSION</u></b> It is the mission of the Division of MH/DA/SA to develop an adequate level of competent, stable, and rewarded workforce to provide and continuously enhance the comprehensive community based, person centered, services to its "consumer."</p>	<p><b><u>MISSION</u></b> Guided by a timely respect for the relationship between the workforce and the citizens who rely upon it, North Carolina's MHDDSAS <u>Workforce Development Plan</u> will be the roadmap to the preparation of a competent, stable, well-developed, and appropriately compensated workforce that sustains the comprehensive, community-based, customer-guided system of care.</p>	<p><b><u>MISSION</u></b> _____ _____ _____ _____ _____ _____</p>
<p><b><u>VISION</u></b> The Workforce Plan will produce professionals who will proclaim they are appreciated, well-trained, competitively compensated, highly professional in their interactions with peers and consumers, and whose job satisfaction will lead to a lifetime commitment to providing exemplary behavioral health services in North Carolina.</p>	<p><b><u>VISION</u></b> The Workforce Development Plan will produce professionals whose clients will proclaim their appreciation, noting that they are responsive, well-trained and highly professional in their interactions with clients and peers while professionals at every level will be competitively compensated and their job satisfaction will lead to a lifetime commitment to providing exemplary, customer-guided behavioral health services in North Carolina.</p>	<p><b><u>VISION</u></b> _____ _____ _____ _____ _____ _____</p>

### 2. Recommendations/Conclusions

- Identify actions/outcomes of the meeting

A DRAFT Purpose, Mission and Vision statement was developed by the committee members.

The committee agreed that by the end of the next conference call, the Purpose, Mission and Vision statements will be finalized.

### 3. Next Steps

- Location and time of next meeting

Conference Call – December 19, 2006 at 1:00 pm

- Assign individual task assignments – who will do what?

## Governance Subcommittee Minutes

### December 7, 2006

Designated Work Group Member	Task Assignment(s)	Completion Date
All members	1.) Will review the DRAFT Purpose, Vision and Mission statements developed at the conference call (the draft is below on page 4).  2.) Will come to a consensus and finalize a Purpose, Mission and Vision Statement.	1.) Before the next conference call  2.) At the end of the December 19, 2006 conference call, the Purpose, Mission and Vision statements will be finalized!
Michelle	Will have Division staff review the DRAFT statements.	Before the next conference call
Tom	Will have the Commission chairman review the DRAFT statements.	Before the next conference call
Tom and Michelle	Will be in contact with one another.	Before the next conference call

- Identify any needed resources to accomplish tasks – research needs, speakers, subject matter experts, etc. N/A
- Specify the interim steps before next meeting – conference calls, etc.  
Our next **Conference Call** will be **December 19, 2006 at 1:00 pm.** Again, you will receive a telephone call from the State Operator who will connect us together. Therefore, please be available to receive your call no later than 12:55 pm. **Please verify your telephone number below** (this number will be given to the State Operator in order to connect us together).

Tom Ryba 919-250-7186  
Michelle Edelen/Monica Jones 919-715-2780 x233  
Ann Forbes 828-253-2501  
Laurie Coker 336-765-3265  
John Tote 919-981-0740  
Robin Huffman 919-859-3370  
Martha Macon 704-933-2231

Please contact Monica Jones at 919-715-2780 x239 if your telephone number is incorrect or needs to be changed.

# **Governance Subcommittee Minutes**

## **December 7, 2006**

DRAFT

### **PURPOSE**

The “Blueprint for Change” initiated in 2001 has resulted in broad changes in North Carolina’s mental health, developmental disabilities, and substance abuse workforce at every level. Consequently, a reassessment of the type, numbers, education, qualifications, compensation, expectations, and resources to be integrated throughout the service delivery workforce needs to be completed.

### **MISSION**

North Carolina’s MHDDSAS Workforce Development Plan will be the roadmap to the preparation of a competent, stable, knowledgeable, and appropriately compensated workforce that sustains the comprehensive, community-based, customer-guided system of care.

### **VISION**

The Workforce Plan will produce professionals who will proclaim they are appreciated, well-educated, competitively compensated, highly professional in their interactions with peers and consumers, and whose job satisfaction will lead to a lifetime commitment to providing exemplary behavioral health services in North Carolina.

\*\*\*\*\* End of Minutes\*\*\*\*\*

# **Governance Subcommittee Minutes**

## **December 19, 2006**

The Governance Sub-Committee had a conference call on December 19, 2006 at 1:00 pm. The following are the minutes from that conference call:

### **Members in Attendance**

- Identify all meeting participants and note absent members

Tom Ryba  
Michelle Edelen  
John Tote (absent)  
Laurie Coker

Ann Forbes (absent)  
Robin Huffman (absent)  
Martha Macon (absent)  
Monica Jones

Minutes from the December 7, 2006 conference call were approved with no changes.

### **Overview**

- Issue(s) or question(s) to be addressed by designated work group (outstanding)

The Governance Sub-Committee has developed a Purpose, Mission and Vision statement for the Workforce Development Work Plan. The sub-committee is now in the process of developing the goals/objectives of the Work Plan.

### **1. Key Discussion Points**

- Outline important topics  
Below is the final version of the Purpose, Mission and Vision statement:

#### **PURPOSE**

*The "Blueprint for Change" initiated in 2001 has resulted in broad changes in North Carolina's mental health, developmental disabilities, and substance abuse workforce at every level. Consequently, a reassessment of the type, numbers, education, qualifications, compensation, expectations, and resources to be integrated throughout the service delivery workforce needs to be completed.*

#### **MISSION**

*North Carolina's MHDDSAS Workforce Development Plan will be the roadmap to the preparation of a competent, stable, knowledgeable, and appropriately compensated workforce that sustains the comprehensive, community-based, customer-guided system of care.*

#### **VISION**

*The Workforce Plan will produce professionals who will proclaim they are appreciated, well-educated, competitively compensated, highly professional in their interactions with peers and consumers, and whose job satisfaction will lead to a lifetime commitment to providing exemplary customer-guided mental health, developmental disability and substance abuse services in North Carolina.*

## **Governance Subcommittee Minutes**

### **December 19, 2006**

#### **2. Recommendations/Conclusions**

- Identify actions/outcomes of the meeting

The committee members finalized the Purpose, Mission and Vision statements for the Workforce Development Work Plan. The statements will be presented to the Advisory Committee on January 18, 2007.

The next conference call will focus on the goals/objectives of the Workforce Development Work Plan.

#### **3. Next Steps**

- Location and time of next meeting

Conference Call – January 4, 2007 at 2:30 pm

- Assign individual task assignments – who will do what?

<b>Designated Work Group Member</b>	<b>Task Assignment(s)</b>	<b>Completion Date</b>
Committee Members	From the Vision statement, develop a list of objectives and submit to Monica at <a href="mailto:monica.t.jones@ncmail.net">monica.t.jones@ncmail.net</a> .	By January 2, 2007
Monica Jones	Will develop a grid of all the proposed objectives and distribute to committee members to review.	Before the January 4, 2007 conference call

# PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES

October 18, 2006

## 1. Members in Attendance

- Identify all meeting participants and note absent members

Meeting held Wednesday, October 18, 2006.

### Professional and Direct Support Staff Subcommittee Meeting

Advisory Committee members and guests

Marvin Swartz, Co-Chair

Amy Hewitt

Judy Lewis

Holly Riddle

Dick Brunstetter

Karen Stallings

DMH/DD/SAS Staff

Steve Hairston, co-chair

Sheila Bazemore

Markita Moore Keaton

Leesa Galloway

## 2. Overview

- Issue(s) or question(s) to be addressed by designated work group (outstanding)

Outstanding issues and questions for the work group are the following: The plan should address who is responsible for what? Who are the partners and what are their obligations? What are the obligations of the Division? What are the obligations of providers? What are the obligations of consumers? What are the obligations of LME's concerning the development of the workforce including what strategies need to be developed to recruit, train and retain a workforce that is able to deliver cultural and linguistic competent, evidence based 21<sup>st</sup> century healthcare. How do you initiate, organize and mobilize strategic partnerships?

- Agenda Items

Discussion of the Professional and Direct Support Areas for Workforce Development

# **PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES**

October 18, 2006

### **3. Key Discussion Points**

- Outline important topics

The group discussed the following:

#### **Quality Management Issues**

Framework for the professional and direct support staff work group is:

- Education
- Solicitation
- Awareness

Recruitment / Marketing (promoting field with youth)

- Exam
- Occupational
- Titles
- DOT

Types of Training Needed –

- Orientation (basic licensure, service definition, CEUs and continued competence)
- Supervision management training

Retention (career development, progression, advancement)

- Preceptor roles/mentors
- Supervision

#### **Issues**

Marketing

Recruitment (high school, community colleges, dislocated workers, psychiatrist/professional staff(MD/Ph.D), primary target groups – persons of color, retirees

- UNC-Charlotte 2 year program

Selection (job previewing) WBS

- Legal / background check

Retention

- Legal/Ethical issues
- Job satisfaction
- \$\$ Salary/competitive market
- Policy implications (what do organizations need?)

# PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES

October 18, 2006

Examine workforce data (issues around occupational titles not necessarily what they do / job responsibilities \*need good data people\*.

- Turnover rates
- PT/FT challenges
- Organizational interventions

Self – directed care

- Non-Traditional workforce (training needs)
- PCP & Peer Support / Advocacy
- Family/friend/Consumers (training needs)
- Supervision management training
- Tool kits (Dr. Amy) direct support professional (secure sample)
- View consumer as same/similar training needs

Emerging Issues

- Medicaid waivers
- Financial Support
- Service Delivery
- Hiring/Firing Employment/Training

*Follow up w/Judy Lewis (specify a timeline for information sharing on this program)*  
Wage/Salary Survey Data (Charlotte/Mecklenburg) Employers Association DD/MH  
(residential, vocational, managed and direct care, benefits – salary/wages

Design/Adopt survey tool to examine occupational workforce across the state

Linkages with community organizations

- DD Council
- ARC
- Mental Health Association
- SAS

Research Funding Advocacy Peer Learning

- Recruit direct care workers professional

Organizational Issues - *See Ben*

- Direct Care Workers Association
- National Association Direct Support Professional
- National Aging and Skilled Nursing – current membership

Who should be at the table?

- Management
- Supervisors

# **PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES**

October 18, 2006

- Workers (WIA)
- Primary Stakeholders (consumers & families)
- Education (Leesa) Community College Initiatives- emerging students

Linkages with community organizations

- DD Council
- ARC
- Mental Health Association
- SAS

Clinical / Trade Association

- Psychological Association, DCWA, Health Association

Workforce Investment Boards

- Encourage MH participations on boards
- Primary Target groups
  1. Low wealth populations (income)
  2. Veterans
  3. Ex-offenders

Dept. of Commerce (Employment Security Commission)

- Division of Employment and Training

DHHS – Pheon Beale

- Workforce Commission

DOL – Representative

Identify Stakeholders/Agency Partners

- Management
- Supervisors
- Workers (WIA) Workforce Investment Act
- Primary Stakeholders (consumers & families)
- Community College Initiatives- emerging students

Linkages with community organizations

- DD Council
- ARC
- Mental Health Association
- SAS

Clinical / Trade Association

- Psychological Association, DCWA Health Association

Workforce Investment Board staff and/or members

Dept. of Commerce (Employment Security Commission)

- Division of Employment and Training

DHHS – Pheon Beale

- Workforce Commission

DOL – Representative

# PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES

October 18, 2006

- Include any handouts and refer to them here in this section of the minutes

None

## 4. Recommendations/Conclusions

- Identify actions/outcomes of the meeting

The group recommended focus groups be conducted with the same questions for different target groups across North Carolina including the following questions:

- What are the causes of workforce challenges?
- How can we build the field of workers?
- How are workers affected by challenges in the field?
- What are some solutions to challenges?

Other question for focus/survey for each group

- What skill set is needed to support workforce?
- What support (training/education) should be offered to existing and new staff?
- What core competencies (portfolio) are basic to this workforce?
- Identification and awareness of /access issues for training and educational programs?

Develop a package (portfolio) for each level of the workforce

Possible survey methodologies are the following:

- Telephone interviews
- Use existing associations
- Zoomerang surveys
- 1-800 #s
- Trade Association
- Class survey through universities, community colleges and high schools

## 5. Next Steps

- Location and time of next meeting  
The next meeting date for the group is December 1, 2006 at 10:00 am.
- Assign individual task assignments – who will do what?  
Steve Hairston will identify the next meeting location.

# PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES

October 18, 2006

Designated Work group Member	Task Assignment(s)	Completion Date

- Identify any needed resources to accomplish tasks – research needs, speakers, subject matter experts, etc.  
    Conduct focus groups  
    Identify person(s) to recruit to table representing targeted agency/org.

- Specify the interim steps before next meeting – conference calls, etc.

Draft agenda and send out before conference call. Send minutes out and have members prioritize action agenda items.

# **PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES**

**December 1, 2006**

## **1. Members in Attendance**

<b>Name</b>	<b>Organization</b>	<b>Phone</b>	<b>email contact #</b>
Steve Hairston	DMH/DD/SAS	919-715-2780	steven.hairston@ncmail.net
Larry Swabe	NC Council on DD	919-420-7901	larry.swabe@ncmail.net
Jason Laws	NC Council on DD	919-260-3176	jlaw1@email.unc.edu
Marvin Swartz	MH Commission	919-684-8176	swartz@nc.duke.edu
Dick Brunstetter	MH Commission	336-759-3179	Brunstetter@Triad.rr.com
Judy Lewis	MH Commission	704-568-2994	judyllewis@bellsouth.net
Leesa Galloway	DMH/DD/SAS	919-715-2780	leesa.galloway@ncmail.net
Sheila Bazemore	DMH/DD/SAS	919-715-2780	sheila.bazemore@ncmail.net
Holly Riddle	NC Council on DD	919-420-7901	holly.riddle@ncmail.net
Markita Keaton	DMH/DD/SAS	919-715-2780	markita.keaton@ncmail.net

## **2. Overview**

Discussed challenges and develop strategies needed to implement to assess workforce needs for direct and professional staff who serve the target populations including:

- Recruitment
- Retention
- Turnover Rate
- Tenure
- Vacancy Rates
- Training Needs
- Educational Preparedness

### **Agenda Item(s)**

- Develop a game plan (couple Division staff with committee members) to coordinate specified training and implement action steps.
- Identify target groups/programs to implement survey/assessment tool.
- Identify assessment tool(s).
- Develop a timeline for implementation.

## **3. Key Discussion Points**

Outline important topics:

- Include representatives in survey (focus groups) from all of North Carolina geographical locations.
- Use multimedia portals (on-line, face-to-face, telephone, Zoomerang, SurveyMonkey, website postings, etc.) to gain information about training/support needed to build the workforce.
- Identify/address challenges in getting education, services and supports to consumers.

# **PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES**

**December 1, 2006**

- Identification and utilization of existing groups and tools to assist in coordinating and implementing assessment of workforce needs.
- Acknowledgement and further planning on the inherent challenges of assessing persons with intellectual disabilities in a focus group venue.
- Identify Primary Stakeholders/Agency Partners:
  1. AHECs
  2. the ARCs
  3. DD Council
  4. CFACs
  5. Innovation and Workforce Development Project
  6. NC Council of Community Health Providers
  7. Universities/Community Colleges Allied Health programs/High Schools
  8. Local provider groups/LMEs
- Handouts/references:

**Staff Recruitment, Retention, Training Strategies for Community Human Services Organizations by Sheryl A. Larson & Amy Hewitt (located in C&T Team resources)**

## **4. Recommendations/Conclusions**

- Two parallel focus group activities will be completed.
- Focus groups will be used to assess Workforce issues in Mental Health, Developmental Disabilities and Substance Abuse Services. The Division/MH Commission will coordinate activities for the broader MH/DD/SAS audience.
- DD Council will initiate focus groups for persons with developmental disabilities to address the specific needs of persons with intellectual disabilities.
- The primary questions?
  - What skill set is needed to sustain a workforce?
  - What training/support is needed for personnel (direct care/professional)?
  - What recruitment strategies/activities could be used to build the workforce?
  - What incentives or retention strategies should be instituted?
  - What solutions can be shared to address the challenges in building/sustaining a competent workforce?
- The following organizations/entities will be targeted to recruit participants for the Division coordinated focus groups:
  - Consumers and Family members
  - HR staff
  - Professional staff (including direct-service staff)
  - Education entities (university, community colleges, high schools)
  - Trainers/training supervisors
  - Division representatives

# **PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES**

**December 1, 2006**

**Focus group** - representation will cross disabilities – (with specific target on intellectual disabilities by DD Council). \* Note: Different survey tools may be needed for direct support staff vs. professional staff (possible different tool needed for family/consumers)

- Proposed Methodology:
  - 1) 8-12 focus groups to include:
    - Direct care/staff
    - Consumer & Family
    - Training/Educators/HR
    - Clinicians/Directors/Professionals
  - 2) Hold two (2) focus groups in each of the four (4) regions of the state.  
\*Ensure that demographics are considered – all geographic regions represented as well as urban vs. rural settings, socio-economics, across disabilities.
  - 3) A moderator and a recorder will be used for each session. (1-2 persons to serve in this role to maintain consistency in the information generated.
  - 4) Jason Laws (NCCDD) will coordinate the focus group activities for individuals with intellectual disabilities.
  - 5) Division staff, Sheila Bazemore and Markita Moore Keaton will coordinate the MH Commission focus groups.
  - 6) 10-15 people per focus group.

## **Timeline (specific dates TBD)**

- January Assess existing survey tools used with workforce development.
- February Selection of survey tool.  
Identification of moderators/facilitators. (Division staff to pair with committee members/facilitators on implementation and coordination of groups).
- March Focus groups start.
- April Continue focus groups.
- May Continue focus groups.
- June Conclude focus groups.

## **5. Next Steps**

- Location and time of next meeting:  
January 18, 2007      Holiday Inn – North

# PROFESSIONAL AND DIRECT SUPPORT STAFF SUBCOMMITTEE MINUTES

December 1, 2006

Designated Work group Member	Task Assignment(s)	Completion Date
Steve	Follow up with Yvonne Copeland for possible participants for focus groups.	1/7/07
Division staff/Judy Lewis	Contact Linda Kendal Fields for additional information on CMS workforce grant.	1/7/07
Leesa Galloway Larry Swabe	To review on-line survey tools to recommend for use	1/7/07
Committee	Make recommendations to Steve for experienced facilitators/moderators	1/7/07
Jason Laws	Refine questions for use with focus groups	2/7/07
Committee	Review information from Annapolis Coalition.	1/7/07
Sheila Bazemore Markita Keaton	Recommend location/dates for focus groups	TBD
Committee	Posting of survey instrument of websites	TBD
Committee	Recruit/market people for focus groups	On-going until completion
Leesa Galloway	Assess current utilization of survey with AHECs and report on findings	1/7/07

- Report all findings, recommendations, resources to Steve Hairston by target dates.
- Coordinate subcommittee's efforts/needs with data subcommittee.
- Additional needed resources– research needs, speakers, subject matter experts: Mike Owen and Lisa Kendal Fields will be contacted to give input on current activities across the state related to workforce development.
- Identify key representatives from the Division of Community Colleges and Workforce Development Board to be contacted for subcommittee involvement and resources.

Submitted by: Sheila D. Bazemore

# **Ad-hoc Subcommittee on Regulatory Matters**

## **October 18, 2006**

### **Members in Attendance:**

W. Denise Baker, Co-Chair, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)

Dorothy R. Crawford, Advisory Committee Member, Emily H. Moore, Advisory Committee Member, Bob Hedrick, Ex-officio Committee Member, Marta T. Hester, NC DMH/DD/SAS

### **Absent Members:**

Dave Richard, Ex-officio Committee Member

### **Others:**

Claire Szaz, NC Providers Council

### **Overview:**

The Ad-hoc Subcommittee on Regulatory Matters, under the Professional Staff Workforce Development Subcommittee, is charged with examining the effects of statutes, rules, regulations and policy guidelines on the workforce as it relates to the provision of mental health, developmental disability and substance abuse services.

Several questions raised by members to be addressed as part of the Ad-hoc Subcommittee on Regulatory Matters' mission include:

- Is it the provider's responsibility to pay for training qualified professionals and paraprofessionals? If not, where does the responsibility reside? Is the responsibility for payment specified in rule/licensure requirements?
  - According to Bob Hedrick, this requirement is outlined within the in-service definitions along with the staff qualifications.
  - Denise Baker advised that the statute does not specify who pays for training, but simply indicates that training is required. *The work group will review the service definitions to respond to this question.*
- Is there a competency based training system for licensed professionals?
  - If so, how is competency defined?
  - Is a formal testing application used?
  - Will education/training/continuing education be viewed as evidence of competency?
- Is there a competency based training for qualified professionals and paraprofessionals?
  - If so, how is competency defined?
  - Is a formal testing application used?
- Is continuing education required?
  - Is continuing education available?

## **Ad-hoc Subcommittee on Regulatory Matters**

**October 18, 2006**

- What are the barriers surrounding making it accessible for all – cost, transportation, time commitment, internet access, etc?
- How do you train a part-time workforce?

### **Key Discussion Points**

A key concern was expressed regarding the training requirements that are not directly related to the job of providing services in the areas of mental health, developmental disabilities and substance abuse services (e.g., training in blood borne pathogens).

A second issue identified involved a problem with the service definitions, specifically as it relates to allowing people with high school diplomas to get jobs without receiving prior training. The goal identified by the group is to hold agencies and individuals accountable for the work they should be performing.

As part of the questions raised under the overview related to responsibility for the training cost, Claire Szaz from the NC Providers Council, suggested that web-based training may be an option to fulfill the training requirements for qualified professionals and paraprofessionals. However, the subcommittee did point out that qualified professionals and paraprofessionals may not have the funding needed to pay for this training or have access to a computer in order complete the on-line training.

It was acknowledged that the same workforce that works with the aging population also works in mental health; thus, the issue becomes two-fold: a low salary and a lack of qualified and available manpower. The point was made that not enough qualified people can be found in health care fields and it is getting worst because this field cannot compete with those in the fast food industry that provide more career opportunities and chances for upward mobility. This is further complicated by the possibility that paraprofessionals may have to assume responsibility for the costs of their own training to maintain employment.

Dorothy Crawford, who is now retired, provided the group members with some background regarding the training requirements and opportunities that were available when she was working in the field of social work. Apparently, the training was similar to an internship program in that as long as an individual had a college degree, another professional could sign off on their work.

The group suggested that perhaps classes and training for this particular workforce should be offered in high school, since many do not pursue education beyond high school.

The interrelationship between the associate and provisional professionals was identified as significant by the group because it revealed that associate professional is a mental health term and provisional professional is a licensing board term. The group elaborated

## **Ad-hoc Subcommittee on Regulatory Matters**

### **October 18, 2006**

on this because the role of associate professionals used to be comparable to that of the provisional professionals in the past.

The partners and stakeholders in this process were identified as the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS); NC Department of Public Instruction (DPI); provider agencies; community colleges and universities; and Area Health Education Centers (AHEC). It was noted that universities have a stake in the process because of their role with professionals, but not paraprofessionals.

W. Denise Baker, disseminated copies of a handout entitled, *NC Licensing Boards and Licensed Professionals* (see Attachment). This handout provides information on several licensed professionals in the health care field, along with their respective licensing boards (if applicable), and the rules and statutes governing the license.

#### **Recommendations/Conclusions**

The subcommittee acknowledged that part of its charge is not only to identify the rules but to also consider their impact. In this case, the impact will refer to the following: cost; availability of workers; competency-related issues; and attracting a workforce by addressing questions regarding how to compete with the private sector and other retention-related issues.

#### **Next Steps**

The subcommittee identified the following needs:

- Obtain additional information by expanding the handout on *NC Licensing Boards and Licensed Professionals* to include the governing rules and statutes and qualifications for the following groups:
  - Unlicensed professionals
  - Paraprofessionals
  - Licensed Professionals
  - Qualified professionals
  - Associate professionals
- The analysis should include a thorough review of the service definitions and the services available through the Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities (CAP-MR/DD) for licensure requirements related to the provision of MH/DD/SA services.

Ms. Baker asked the group if they wanted copies of the material on the acts, boards and rules supporting the handout chart following the meeting. Mr. Hedrick advised that he preferred that copies be sent to him electronically, if possible.

Ms. Baker concluded the meeting by advising that she will contact Dave Richard, the Advisory Ex-Officio Committee Member, who will be chairing the Ad-hoc

## **Ad-hoc Subcommittee on Regulatory Matters**

### **October 18, 2006**

Subcommittee on Regulatory Matters, regarding further direction during the interim since the next Advisory Group Committee meeting is not until January 2007.

It should be noted that Mr. Hedrick mentioned that David Test at the University of North Carolina at Charlotte did a study on workforce development in the 1990's. The group may want to request copies of the study for further review at a later point to determine its relevance to the subcommittee's charge.

The meeting adjourned at 12:00 for a lunch break.

Subcommittee meetings were recorded by Marta T. Hester, staff support to the Ad-hoc Subcommittee on Regulatory Matters.

## NC Licensing Boards and Licensed Professionals

Licensed Professionals	Licensing Boards	Rules and Statutes Governing License
<b>Licensed Psychologists</b> (Doctoral Level of Licensure)  <b>Licensed Psychological Associate</b> (Master's Level of Licensure)	North Carolina Psychology Board	North Carolina Psychology Practice Act (North Carolina General Statute 90-270, Article 18A)  North Carolina Administrative Code (21 NCAC 54)
<b>Psychiatrist</b>	North Carolina Medical Board  American Board of Psychiatry and Neurology, Inc. (Certification required from board in order to specialize in a field of psychiatry)	Medical Practice Act (North Carolina General Statute Chapter 90, Article 1)  North Carolina Administrative Code (21 NCAC 32)
<b>Licensed Professional Counselors</b>	North Carolina Board of Licensed Professional Counselors	North Carolina Licensed Professional Counselors Act North Carolina General Statute 90, Article 24)  North Carolina Administrative Code (21 NCAC 53)
<b>Licensed Clinical Social Worker</b>  <b>Certified Social Work Manager</b>  <b>Certified Master Social Worker</b>  <b>Certified Social Worker</b>	North Carolina Social Work Certification and Licensure Board	North Carolina Social Worker Certification and Licensure Act (North Carolina General Statute 90B)  North Carolina Administrative Code (21 NCAC 63)

## NC Licensing Boards and Licensed Professionals

Licensed Professionals	Licensing Boards	Rules and Statutes Governing License
Qualified Professional		See Staff Definitions in North Carolina Administrative Code (10A NCAC 27G.0104)
Qualified Mental Health Professional		See Staff Definitions in North Carolina Administrative Code (10A NCAC 27G.0104)
Qualified Developmental Disabilities Professional		See Staff Definitions in North Carolina Administrative Code (10A NCAC 27G.0104)

**Ad-hoc Subcommittee on Regulatory Matters**  
**November 30, 2006**  
**Telephone Conference Call**  
**Minutes**

**1. Members in Attendance**

- Dave Richard, Chair and Ex-officio Member of the Advisory Committee
- W. Denise Baker, Co-Chair, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS)
- Marta T. Hester, NC Division of MH/DD/SAS

**2. Overview**

This was a brief telephone conference call between Dave Richard and Denise Baker to discuss the charge of the Ad-hoc Subcommittee on Regulatory Matters. Ms. Baker also advised Mr. Richard of the previous discussion during the first subcommittee meeting which was held during the October 18, 2006 Advisory Committee meeting.

- **Agenda Items**

Ms. Baker informed Mr. Richard that a Commission member at the November 16<sup>th</sup> full commission meeting, recommended that a category for nurses be added to the handout on *NC Licensing Boards and Licensed Professionals*. This handout was prepared initially for the Ad-Hoc Subcommittee on Regulatory Matters. She further advised him that the subcommittee requested that a document was needed on the definitions on licensed professionals, paraprofessionals, and direct service workers as defined within the Service Definitions and the CAP-MR/DD (Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities) Manual. The subcommittee requested this document to help determine whether training requirements are required under the Service Definitions.

During the discussion, it was recommended that workforce issues related to paraprofessionals be examined first proceeded by licensed professionals.

**3. Key Discussion Points**

**4. Recommendations/Conclusions**

**5. Next Steps**

- Location and time of next meeting: Mr. Richard and Ms. Baker will schedule a telephone conference call with the full membership of the Ad hoc Subcommittee on Regulatory Matters for Monday, December 18, 2006 at 10:00am.

**Ad-hoc Subcommittee on Regulatory Matters**  
**November 30, 2006**  
**Telephone Conference Call**  
**Minutes**

<b>Designated Work group Member</b>	<b>Task Assignment(s)</b>	<b>Completion Date</b>
Dave Richard Denise Baker	Send notification memorandum to subcommittee members on conference call (the two documents referenced below will be attached)	December 15, 2006
Marta T. Hester	Add a category for <b>nurses</b> to the handout on <i>NC Licensing Boards and Licensed Professionals</i> .	November 2006
Marta T. Hester	Develop research document on the definitions on licensed professionals, paraprofessionals, and direct service workers as defined within the Service Definitions and the CAP-MR/DD (Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities) Manual.	December 2006

**Ad-hoc Subcommittee on Regulatory Matters**  
**Monday, December 18, 2006 at 10:00am**  
**Telephone Conference Call**  
**Minutes**

**1. Members in Attendance**

- Dave Richard, Committee Chair and Ex-officio Member of the Advisory Committee
- W. Denise Baker, Co-Chair, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS)
- Dorothy R. Crawford, Advisory Committee Member
- Bob Hedrick, Ex-officio Member of the Advisory Committee
- Marta T. Hester, NC Division of MH/DD/SAS

**Absent Members:**

- Emily H. Moore, Advisory Committee Member

**Others:**

- Chris Egan, Coordinator, Developmental Disabilities Training Institute, University of North Carolina at Chapel Hill

**2. Overview**

Denise Baker opened the meeting by reviewing the Ad hoc Subcommittee on Regulatory Matter's charge which is listed as follows:

- The Ad-hoc Subcommittee on Regulatory Matters is charged with the task of examining the effects of statutes, rules, regulations and policy guidelines on the workforce as it relates to the provision of mental health, developmental disabilities and substance abuse services.

Ms. Baker also reviewed the questions raised at the last subcommittee meeting on October 18, 2006:

- Is it the provider's responsibility to pay for training qualified professionals and paraprofessionals? If not, where does the responsibility reside? Is the responsibility for training costs specified in rule/statute?
- Is there a competency based training system for licensed professionals?
  - If so, how is competency defined?
  - Is a formal testing application used?
- Is there competency based training for qualified professionals and paraprofessionals?
  - If so, how is competency defined?
  - Is a formal testing application used?
- Is continuing education available/required?

**Ad-hoc Subcommittee on Regulatory Matters**  
**Monday, December 18, 2006 at 10:00am**  
**Telephone Conference Call**  
**Minutes**

- What barriers exist which impede access to continuing education opportunities -- cost, transportation, time commitment, etc?
- How do you train a part-time workforce?

Ms. Baker further added that on the handout, *NC Licensing Boards and Licensed Professionals*, a category for nurses was added at the request of a Commission member at the November 16<sup>th</sup> Full Commission meeting.

**3. Key Discussion Points**

Dave Richard requested that an additional question be added for the subcommittee to address: Are their requirements within the regulatory process that create barriers in the hiring process?

There was discussion among the members about the need for the Commission to address the paraprofessional workforce issues as quickly as possible. The members also agreed to have a more detailed discussion on the handouts at the next subcommittee meeting instead of during the conference call.

The following issues were identified as needs to be addressed as part of the subcommittee's charge on workforce development:

- Barriers to a long-term stable workforce
- Training obstacles
- Retention issues

Bob Hedrick commented that training is the key to retention. He further added that the NC Providers Council plan to take a more active role and shared with the members that the NC Council on Developmental Disabilities is considering participating in a training program to receive a grant related to workforce issues. Mr. Hedrick will provide more information at the Ad hoc Subcommittee's next meeting.

**4. Recommendations/Conclusions**

Mr. Richard recommended that on-line workforce training be considered as an option for paraprofessionals and that this training be made available to paraprofessionals working in the areas of mental health, developmental disabilities, and substance abuse services.

The subcommittee members asked that another question be added to be addressed by the group: What are direct support workers being paid?

**Ad-hoc Subcommittee on Regulatory Matters**  
**Monday, December 18, 2006 at 10:00am**  
**Telephone Conference Call**  
**Minutes**

Chris Egan advised that wages paid are not necessarily identical to the cost of service. Mr. Egan recommended that the members raise the question regarding what is the average cost to get a worker to accept a position. He also indicated that respect and recognition of direct service workers should also be addressed as workforce related issues.

The subject regarding paraprofessionals in Community Support Services was also raised.

**5. Next Steps**

- Mr. Richard agreed to survey a small sample of providers to study the differences in salary for direct support workers in Community Support Services versus those in the Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities (CAP-MR/DD). Mr. Richard will have this data available by the next Ad hoc Subcommittee Meeting on Regulatory Matters, which is January 18, 2007. Although Mr. Richard advised that he would be unable to attend the meeting on that date, he agreed to send his material to Denise Baker by January 12, 2007, so it may be presented at the upcoming meeting.
- The subcommittee members will discuss the handouts on *NC Licensing Boards and Licensed Professionals*, and on *Definitions for Licensed Professionals and Direct Service Workers in the areas of Mental Health, Developmental Disabilities and Substance Abuse Services* at the January meeting.
- Mr. Hedrick agreed to share information about a grant to provide workforce training and his organization's participation at the next meeting.

The conference call ended at 10:50am.

Meeting minutes prepared by Marta T. Hester, Staff to the Ad hoc Subcommittee on Regulatory Matters.

